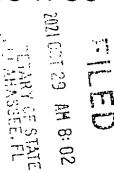
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Account#: 120000000088

Date:	10/28/2021					
	Eric Marcano	<u></u>				
Reference #:		<u></u>				
		LEMENT SERVICES, LLC				
Article	es of Incorporation/Authorization	n to Transact Business				
☐ Amen	dment					
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other						
Authorized A	mount: \$25.00					
Signature:	Eric Marcano					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: VERMILIO	N SETTLE	MENT SERVICES, LLC
2. (a)	5404 Cypress Center Drive Suite 150	(b)	5404 Cypress Center Drive Suite 150
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · / <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OF PICE BOX)
	Tampa FL 33609		Tampa FL 33609
	August 15, 2019		L19000204535
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SMITH HULSEY & BUSEY, PROFESSION	IAL ASSO	CIA
	Registered Agent and Registered Office shown on the records of	l'the Florida De	pt. of State:
	ONE INDEPENDENT DRIVE, SUITE 3300		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	JACKSONVILLE , FI	L_32202	TO CO ZO M 8: 02
(b)	COGENCY GLOBAL INC.		2 2 6
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	
	115 North Calhoun St., Suite 4		8: C
	NEW Registered Office Address:	 :	
	Tallaharas		
	Tallahassee, FI	32301	
agent w	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members coles of organization or the operating agreement of the	t the register lability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s)
	/s/ Jim Albertelli	Jim Albertelli	
	ure of a member or authorized representative of a member		Printed or typed name of signee
•	y accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. Mayville	ree to act in a performance of for in Chap the performance of the perf	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

Signature of Registered Agent